



**Model Answer Exam of Health Assessment
1st Year, 2nd Semester (2018-2019)**

Date: 16- 5 - 2019 Time: 1 hour Total Marks: (50) Pages No:5

**I. Multiple choice Questions (10 Marks)
Read the following sentences and choose the only best answer:**

1. When patient feel shortness breath supported by decreased breast sound on auscultation is data meant?
 - a. Subjective data
 - b. Objective data
 - c. Both of the above
 - d. None of them

2. The most appropriate assessment done use in intensive care unit is :
 - a. An interval or abbreviated assessment
 - b. A problem-focused assessment
 - c. A comprehensive or complete health assessment
 - d. None of them

3. Asking patient if he oriented to person, place, and time, when assessing:
 - a. Papillary Response
 - b. The sensory system
 - c. The motor system
 - d. Level of Consciousness

4. Flatness sound is :

- a. Hollow sound
- b. Extremely dull sound
- c. A booming sound heard
- d. Drum sound

5. The sense uses for palpation

- a. Vision
- b. Hearing
- c. Smell
- d. Touch

6. What part of the health history identifies lifestyles and stress coping pattern?

- a. Biographical data
- b. Current health status
- c. Chief complaint
- d. Interpersonal factor assessment.

7. Considerations in preparing patient for physical assessment all the following EXCEPT?

- a. Obtain an informed, verbal consent for the assessment.
- b. Ensure confidentiality of all data.
- c. Establish positive nurse/patient rapport.
- d. Obtain negative information

8. The appropriate technique using for assessing patient' abdomen :

- a. Inspection , Auscultation , Percussion and Palpation
- b. Palpation , Inspection, Percussion and Auscultation
- c. Inspection , Palpation Percussion and Auscultation
- d. None of them

9. When the nurse assessing the musculoskeletal system, the nurse should do all the following **EXCEPT?**

- a. Inspect the size, shape and symmetry of extremities.
- b. Inspect and palpate lymph node
- c. Inspect and palpate rigidity and weakness of muscles
- d. Inspect and palpate symmetry, deformity and mobility joints

10. When documenting collected health assessment the data must be the following **EXCEPT?**

- a. Clear
- b. Objective
- c. Vague
- d. Concise

II. True and false questions (10 Marks).

Read the following statements carefully and circle the letter (T) if the statement is true and the letter (F) if the statement is false.

The Statement	True	False
1. Assessment is the third stage of nursing process.	<u>T</u>	
2. Information gathered during health assessment should be communicated with other health care team.	<u>T</u>	
3. Physical examination should perform for patient before health history.		<u>F</u>
4. Patient is the primary source of data.	<u>T</u>	
5. Health assessment helps nurse to diagnose client's problem and the intervention.	<u>T</u>	
6. A decreased temperature could indicate an underlying inflammatory response triggered by an infection.		<u>F</u>
7. Client's confidentiality should be kept during health assessment.	<u>T</u>	
8. Dullness is musical like sound produced from air filled stomach.		<u>F</u>
9. Percussion is the act of striking the body surface to elicit sounds that can be heard or vibrations that can be felt.	<u>T</u>	
10. Documentation is provides access to significant epidemiologic data for future investigation and research.	<u>T</u>	

III. Matching**(10 Marks)**

Colum (A)	Colum (B)
1. Draping	A. Plays a major role in health, prevention of disease, and recovery from illness.
2. General survey	B. The nurse strikes the area to be percussed directly with the pads of two, three, or four fingers.
3. Ongoing assessment	C. It is described as booming and can be heard over an emphysematous lung.
4. Family history	D. Take after the initial assessment to evaluate any changes in the clients' functional health.
5. Interval health history	E. Involve observation of patient appearance and measure vital signs.
6. Indirect percussion	F. Is a hollow sound such as that produced by lungs filled with air.
7. Hyperresonance	G. Exposure of the body is frequently embarrassing to clients.
8. Nutrition assessment	H. Provides heredity factors associated with causes of some disease.
9. Direct percussion	I. Collect information in visits following the initial data collected
10. Resonance	J. Is the striking of a middle finger held against the body area to be assessed.

Answer

1	2	3	4	5	6	7	8	9	10
G	E	D	H	I	J	C	A	B	F

IV. Short Answer**(20 marks)****1. List (4) purposes of documentation:****(8 Marks)**

- Provides a chronological source of client assessment data and a progressive record of assessment findings that outline the client's course of care.
- Ensures that information about the client and family is easily accessible to members of the health care team; provides a vehicle for communication; and prevents fragmentation, repetition, and delays in carrying out the plan of care.

- Establishes a basis for screening or validation proposed diagnoses.
- Acts as a source of information to help diagnose new problems. • Offers a basis for determining the educational needs of the client, family, and significant others.
- Provides a basis for determining eligibility for care and reimbursement. Careful recording of data can support financial reimbursement or gain additional reimbursement for transitional or skilled care needed by the client.
- Constitutes a permanent legal record of the care that was or was not given to the client.
- Provides access to significant epidemiologic data for future investigations and research and educational endeavors.

2. Describe pain assessment "PQRSTA" mean (12 Marks)

Provocative or Palliative – What causes the symptom? What makes is better or worse? What have you done to get relief?

Quality or Quantity – What is the character of the symptom i.e. pain: is it crushing, piercing, dull, sharp? How much of it are you experiencing now?

Region or Radiation – Where is the symptom? Does it spread?

Severity – How does the symptom rate on a severity scale of 1 to 10 with 10 being the most intense?

Timing – When did the symptom begin? How long does it last? How often does it occur? Is it sudden or gradual?

Associated signs and symptoms of the chief complaint – Does the primary problem result in any other clinical manifestations, e.g. the pain accompanied by diaphoresis, nausea, vomiting?

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